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UNITED STATES SENATE PUBLIC FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS			
Last Name SMITH	First Name and Middle Initial ROBERT C.	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed U.S. Senate
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone No. (Include Area Code) 202-224-2841	Termination Report • <i>Candidate Report</i> Termination Date (Mo., Day, Yr.): January 2, 2003	Prior Office / Agency in Which Employed
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART			
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach PART I.		Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$260 from one source)? If yes, Complete and Attach PART VI.	
YES ☐ NO ☒		YES ☐ NO ☒	
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If yes, Complete and Attach PART II.		Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, Complete and Attach PART VII.	
YES ☒ NO ☐		YES ☒ NO ☐	
Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, Complete and Attach PART IIIA and/or IIIB.		Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach PART VIII.	
YES ☒ NO ☐		YES ☐ NO ☒	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, Complete and Attach PART IV.		Do you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach PART IX.	
YES ☐ NO ☒		YES ☐ NO ☒	
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$260 and not otherwise exempt)? If yes, Complete and Attach PART V.		If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, Complete and attach Part X.	
YES ☐ NO ☒		YES ☐ NO ☒	
File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, D.C. 20510. \$200 Penalty for filing more than 30 days after due date.			
This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)			
Certification I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Signature of Reporting Individual Bob Smith	Date (Month, Day, Year) January 23, 2003	
For Official Use Only - Do Not Write Below This Line			
It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.		Date (Month, Day, Year)	
Signature of Reviewing Official			

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 SECRETARY OF THE SENATE
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Reporting Individual's Name SMITH ROBERT C.		PART II. EARNED AND NON-INVESTMENT INCOME		Page Number 2
Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse (see page 3, Part B of the instructions). Do not report income from employment by the U.S. Government for you or your spouse. Individuals not covered by the Honoraria Ban: For you and/or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.				
Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers MCI (Spouse)	EXAMPLE Wash., D.C. Arlington, VA	EXAMPLE Salary Salary	\$15,000 Over \$1,000
1	Bob Smith for U.S. Senate (Spouse)	P.O. Box 658 Wolfboro, N.H. 03894	Salary	\$15,000
2				
3				
4				
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14				

Reporting Individual's Name SMITH, ROBERT C		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES										Page Number 3		
BLOCK A		BLOCK B						BLOCK C						
Identity of Publicly Traded Assets and Unearned Income Sources		Valuation of Assets At close of reporting period. If none, or less than \$1,001, check the 1st column.						Type and Amount of Income If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.						
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child (see page 3, Part B of the Instructions), for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this Part IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		None (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 Over \$1,000,000*** \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000						Type of Income Dividends Rent Interest Capital Gains Excepted Investment Fund Excepted Trust Qualified Blind Trust Other (Specify Type) Amount of Income None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000*** \$1,000,001 - \$5,000,000 Over \$5,000,000 Actual Amount Required if "Other" Specified						
Example:	IBM Corp. (stock) NYSE							Example:						
	Keystone Equity Fund (widely diversified)							Example:						
1	Checking/Savings acct Federal Credit Union							Example:						
2	Common Stock Panchos Mexican Buffet							Example:						
3	Franklin Growth Mutual Fund							Example:						
4	Check/sav acct Fash Credit Union							Example:						
5	Check/sav acct " "							Example:						
6								Example:						
7								Example:						
8								Example:						
9								Example:						
10								Example:						

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name SMITH ROBERT C.		PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES										Page Number 4															
BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources			BLOCK B Valuation of Assets At close of reporting period. If none, or less than \$1,001, check the 1st column.					BLOCK C Type and Amount of Income If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																			
Report the name, address (city, state), and description of each interest held by you, your spouse, or your dependent child (see page 3, Part B of the Instructions) for the production of income or investment in a non-public trade or business which:								Type of Income								Amount of Income								Actual Amount Only if "Other" Specified			
(1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in income during the reporting period. Include the above report for each underlying asset which is not incidental to the trade or business. Publicly traded assets held by a non-public entity may be listed on Part IIIA.								Dividends Rent Interest Capital Gains Excepted Investment Fund Excepted Trust Qualified Blind Trust Other (Specify Type)								None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000											
1	Example: JP Computers, Wash., D.C. (Computer Sales)							x	EXAMPLE																		
									EXAMPLE																		
1	250 acres of woodland in Wolfcreek, N. H.																x										
2																											
3																											
4																											
5																											
6																											
7																											

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name SMITH ROBERT C.				PART VII. LIABILITIES			Page Number 5-												
Report liabilities over \$10,000 owed by you, your spouse, or dependent child (see page 3, Part B of the Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.							Category of Amount of Value (x)												
Name of Creditor		Address of Creditor		Type of Liability		Date Incurred	Interest Rate	Term If Applicable	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
Example: First District Bank		Washington, D.C.		EXAMPLE Mortgage on undeveloped land		1981	12%	25yrs.			x								
Example: John Jones		Washington, D.C.		EXAMPLE Promissory note		1989	10%	on demand					x						
1	U.S. Senate Federal Credit Union	U.S. Senate Washington, D.C.	Promissory note		2002	9 3/4	on demand	X											
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			

EXEMPTION TEST (see instructions before marking box): If you omitted any liability because it meets the three-part test for exemption described in the Instructions, please check here. ☐

***This category applies only if the obligation was solely that of the spouse or dependent child. If the obligation was the filer's or a joint obligation with the spouse or dependent child, use the other categories, as appropriate.

HARRY REID, NEVADA, CHAIRMAN
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TELEPHONE: (202) 224-2861
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United States Senate

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SECRETARY OF THE SENATE
SELECT COMMITTEE ON

HART SENATE OFFICE BUILDING, ROOM 320
SECOND AND CONSTITUTION AVENUE, NE.
WASHINGTON, DC 20510-6425
TELEPHONE (202) 224-2981

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January 17, 2003

Memorandum

To: Senator Bob Smith

From: Victor Baird

In re: Financial Disclosure

This is to confirm our conversation today on this subject. As I indicated, your Termination Report (which is due @ February 3, 2003) will also serve as your Candidate Report (due @ 30 days of becoming a candidate). If you remain a candidate @ May 15, 2004 you will need to file an annual Candidate Report covering CY 2003 (and so on @ May 15 of each succeeding year you remain a candidate).

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